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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| PLACE OF DEATH | | ARIZONA STATE BOARD OF HEALTH | |
|---|---------------------------|---|---|
| BUREAU OF VITAL STATISTICS | | State Index - - - No. 116 | |
| 1. County <u>Maricopa</u> | District <u>Pinal</u> | County Registrar's - No. <u>1479</u> | Local Registrar's - No. <u>1086</u> |
| Town or City <u>Phoenix</u> | Street <u>Diagonal</u> | Ward <u>1</u> | |
| (If death occurred in a hospital or institution, give its NAME instead of street number) | | | |
| 2. FULL NAME <u>William Buck</u> | | | |
| (a) Residence. No. _____ | St. _____ | Ward _____ | |
| (Usual place of abode) | | (If nonresident, give city or town and State) | |
| Length of residence in city or town where death occurred _____ yrs. mos. ds. | | How long in U. S. if of foreign birth _____ yrs. mos. ds. | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3. SEX <u>M</u> | 4. COLOR or RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Single</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | |
| 6. DATE OF BIRTH (month, day and year) _____ | | | |
| 7. AGE <u>70</u> Years | Months _____ | Days _____ | IF LESS than 1 day _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED | | | |
| (a) Trade, profession, or particular kind of work <u>Miner</u> | | | |
| (b) General nature of industry, business or establishment in which employed (or employer) _____ | | | |
| (c) Name of employer _____ | | | |
| 9. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | | |
| 10. NAME OF FATHER <u>Wm Buck</u> | | | |
| 11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ohio</u> | | | |
| 12. MAIDEN NAME OF MOTHER <u>Miss Callahan</u> | | | |
| 13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ohio</u> | | | |
| 14. Informant (Address) <u>Hospital</u> | | | |
| 15. Filed <u>12-24-23</u> Local Registrar. <u>HARRY J. PRITCHARD</u> County Registrar. | | | |
| V. S. No. 1 | | | |
| MEDICAL CERTIFICATE OF DEATH | | | |
| 16. DATE OF DEATH (month, day, and year) <u>12/24/23</u> | | | |
| 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ | | | |
| that I last saw him alive on _____ | | | |
| and that death occurred, on the date stated above, The CAUSE OF DEATH* was as follows: <u>Semility Prostatitis</u> | | | |
| (duration) _____ yrs. _____ mos. _____ ds. | | | |
| CONTRIBUTORY (Secondary) _____ | | | |
| (duration) _____ yrs. _____ mos. _____ ds. | | | |
| 18. Where was disease contracted if not at place of death? _____ | | | |
| Did an operation precede death? _____ Date of _____ | | | |
| Was there an autopsy? _____ | | | |
| What test confirmed diagnosis? _____ | | | |
| (Signed) <u>Harry J. Pritchard</u> M. D. | | | |
| * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | | | |
| 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u> | | | |
| DATE OF BURIAL <u>12/24/23</u> | | | |
| 20. UNDERTAKER <u>Murrayman</u> | | | |
| ADDRESS <u>Phoenix</u> | | | |